**People in Positions of Trust - Risk Assessment & Action Plan**

This template could be used by an organisation when they are required to undertake and confirm a Risk Assessment and Action Plan in relation to concerns raised about people in positions of trust who are their employee in either a paid or unpaid capacity.

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| **Basic Details** |  |  |  |
| **Name of organisation** | Click here to enter text. | **Name of employee** | Click here to enter text. |
| **Address** | Click here to enter text. | **Address** | Click here to enter text. |
| **Person completing this form** | Click here to enter text. | **Contact details:** | Click here to enter text. |
| **Designation** | Click here to enter text. | **Date of Birth** | Click here to enter text. |
| **Contact details** | Click here to enter text. | **Role/designation** | Click here to enter text. |
| **Date of concern raised** | Click here to enter text. | **Gender** | Click here to enter text. |
| **Who reported the concern?** | Click here to enter text. | **Employee Number** | Click here to enter text. |
| **Designation & contact details** | Click here to enter text. | **Date employment commenced** | Click here to enter text. |

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| **Details of the concern** (Who, what, when, where, how?) |
| Click here to enter text. |
| **Does the nature of the concern pose a risk(s) to adults who use the service?** (Who, what, when, where, how?) |
| Confirm [ ] **YES** or [ ] N**O**If YES the following Risk Assessment & Action Plan must be completed. If NO sign and date this document |

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| **Risk Assessment** Date completed: Click here to enter text. |  |  |  |
| **Risk** (give specific details) | **To who?** | **When?** | **Level?**(High, Moderate, Low) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **Action Plan** Date completed: Click here to enter text. |  |  |  |
| **Action** | **By who?** | **When?** | **Outcome confirmed** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **Outcome Confirmation** |
| Click here to enter text.**Next Steps Plan**Click here to enter text. |
| **Outcome** | Click here to enter text. |
| **Signature** | Click here to enter text. |
| **Date** | Click here to enter text. |

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| **Further Actions Required**(If YES complete the Next Steps Plan below) | [ ]  **YES or** [ ]  **NO** |
| **Date** | **Action** | **By who?** | **When?** | **Outcome confirmed** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Organisational Learning**(Lessons learned which could influence for example policy & procedure, training and staff development planning both internally or externally?) |
| Click here to enter text. |

**Once completed this document should be signed and stored securely by the organisation.**